

BENJAMIN J. CAYETANO
GOVERNOR



**STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES**

P. O. BOX 119
HONOLULU, HAWAII 96810-0119

**SAM CALLEJO
COMPTROLLER**

**MARY PATRICIA WATERHOUSE
DEPUTY COMPTROLLER**

OCT | 6 1996

COMPTROLLER'S MEMORANDUM NO. 1996-33

TO: All Departments
FROM: Sam Callejo, State Comptroller
SUBJECT: Addendum to Comptroller's Memorandum No. 1996-27

Attached is Exhibit A, Travel Approval Form (TAF) that was amended subsequent to the issuance of Comptroller's Memorandum No. 1996-27. Please attach the amended form to the original Comptroller's Memorandum No. 1996-27.

A diskette copy of the TAF may also be obtained in either WORD or WORDPERFECT. Please contact Carole Inamine, Deputy Comptroller's secretary, at 586-0402 for further instructions.


SAM CALLEJO
State Comptroller

Enc.

State of Hawaii
Travel Approval Form

EXHIBIT A

- A. Requesting Dept / Div / Off: _____
Contact Person: _____ Phone: _____ FAX: _____
Person Traveling: _____ Phone: _____ FAX: _____
Position Title of Traveler: _____ Collective BU.: _____
No. of Persons Traveling: _____ (Attach separate sheet for each traveler)
Purpose/Justification of Travel: (Attach separate sheet. Number of out-of-state trips taken within the last 12 months should be provided.)
Business Destination: _____
NOTE: Interisland travel approval do not complete Part B.

- B. Airline preference & Frequent Flyer ID#:
Preference will be accommodated if lowest or equivalent cost requirement is met.

1) _____ # _____ 2) _____ # _____

Date	From	To	Dep. Time	Arr. Time	Aisle/Window
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- C. Hotel Payment will be via: ☐ check ☐ charge card ☐ other _____

Date/Time of Check-In	Date/Time of Check-Out	Hotel & (smoking/non-smoking)	City
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Mode of Transportation (car, shuttle bus, train)	City Pickup / Drop-Off	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

- E. Business Departure Date: _____ Time: _____
Required Business Arrival Date: _____ Time: _____
Earliest Business Departure Date from Destination: _____ Time: _____
Estimated Business Cost of Trip (for all above travelers):
Airfare Cost \$ _____
Per diem (\$ _____ / day x _____ days = \$ _____
Ground transportation (describe) \$ _____
Other: Itemize w/(amt) i.e. Regis fee (_____), etc. \$ _____
Excess lodging Cost \$ _____
Total \$ _____
Program I.D. _____
Source of Funding: ☐ State ☐ Federal ☐ Other: _____

Requesting Authority	Date	Approving Authority	Date
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DO NOT MODIFY - WILL BE RETURNED IF MODIFIED